



**MEDIA RELEASE 1 May, 2020**

### **Lung Health: Reaching the most vulnerable to eradicate tuberculosis**

A consortium of international, regional and national health research and policy organisations working in Africa and the UK have today announced collaborative work on a new DFID-funded Research Programme to improve equitable access to tuberculosis (TB) services to reduce its spread. The work will also support the introduction and scale-up of new TB diagnostics, treatments and a vaccine as they develop to meet global targets to eradicate TB.

TB has infected about a quarter of the world's population and in 2018 is estimated to have caused 10 million people to fall ill, killing 1.4 million. TB is the world's deadliest infectious disease, a source of one-third of global antimicrobial resistance (AMR) deaths and the leading cause of death among people living with HIV. Despite commitment to ambitious global targets to end the TB pandemic by 2035, the pace of decline is not fast enough to reach these targets and could be derailed by the spread of COVID-19.

The multi-country Research Programme will be implemented among affected populations living in urban areas in Nigeria, Kenya, Uganda and Malawi. Evidence generated will inform better gender-sensitive and pro-poor policies to enable better access to TB care.

"Sub-Saharan Africa is experiencing rapid growth in cities where TB and HIV burdens are high. They also experience high levels of poverty and inequity, and there exist substantial gender gaps in disease burden," explains Dr. Eliya Zulu, Executive Director at the African Institute for Development Policy. For instance, Dr Zulu points out, "there are 4.1 times as many TB cases among men as women in Uganda."

"For long, the TB-in-men statistic has been ignored, in all research and care programmes year after year. Two thirds of TB patients are men, yet this had been taken as the normal. As countries start to register success in the TB epidemic control, targeted interventions will be needed. TB prevention programmes as well as diagnostic and treatment programmes will need to respond to the health-seeking behaviours of men, women, girls and boys. There is therefore need for research that can inform the design of appropriate prevention and treatment programmes, including mobile services working with community leaders as well as programmes that target mobile and migrant communities. There is no better time for the LIGHT project than when we are facing yet another respiratory disease pandemic that also affects mainly men like TB", Dr. Bruce Kirenga, Makerere University Lung Institute.

TB affects people of both sexes but the highest burden is in men with two thirds of TB transmission in Low and Middle Income Countries due to undetected and untreated men with TB. A complex mix of social, epidemiological and healthcare access challenges mean that men of all ages, along with other vulnerable groups, and particularly those living in extreme poverty, have a disproportionate burden and short and long-term consequences of TB and HIV disease.

Building on available evidence, the Research Programme, **Leaving no-one behind: transforming Gendered pathways to Health for TB (LIGHT)**, will tackle both the root causes of –and responses to – gender-related barriers for men needing to access relevant interventions.

According to Professor Bertie Squire, Dean of Clinical Sciences and International Public Health at the Liverpool School of Tropical Medicine, and Research Director of the Programme “there is increasing evidence that men have been left behind in global efforts to end the TB and HIV epidemics. They form a substantial proportion of the “missing cases” of 4 million people with TB, who are missed due to under-diagnosis, under-treatment and under-reporting. In addition to the burden this places on their health, it means that they contribute to continuing transmission, including to women and girls. It is important to now shine a light on men and boys to find gender transformational ways to address the intersection of poverty and masculinity to End TB.”

LIGHT will be implemented by a multidisciplinary team of health and research uptake experts who will devise and implement optimal access strategies to prevent, detect and treat TB using health and non-health sector approaches. This will result in a new evidence-base on options and approaches to maximise male access to healthcare services for TB in urban, HIV-prevalent settings.

“By focusing on the ‘missing men’, the evidence that we generate will optimise the effective and rapid delivery of existing TB and HIV interventions for men and maximise the impact of interventions and investments within the health systems of low- and lower-middle income countries in Africa,” says Dr Zulu

With the COVID-19 pandemic, attention and resources are bound to shift and this will see an increased burden in other lung health diseases, leaving the already vulnerable populations worse off. The situation calls for more sustainable interventions than we have had in the past. The new Research Programme hopes to achieve sustained acceleration in the attainment of global TB goals in sub-Saharan Africa by securing changes in policy and practice toward value-for-money, gender sensitive and pro-poor TB interventions.

It's Time to end TB.

**Ends**

## About LIGHT

LIGHT, a consortium led by LSTM and funded by the Department for International Development, aims to improve access to TB services for men in Africa. The Research Programme will generate a new evidence-base on options and approaches to maximise male access to healthcare services for TB in urban, HIV-prevalent settings.

LIGHT is a consortium of leading organisations working in global health, led by the [Liverpool School of Tropical Medicine \(LSTM\)](#), with the [African Institute for Development Policy \(AFIDEP\)](#), Kenya Association for the Prevention of Tuberculosis and Lung Disease (KAPTLD), [Makerere University Lung Institute \(MLI\)](#), [Zankli Research Centre \(ZRC\)](#), [Malawi-Liverpool-Wellcome Trust Research Programme \(MLW\)](#) and the [London School of Hygiene and Tropical Medicine \(LSHTM\)](#).

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